was used in the first operation, and there was consequently considerable parenchymatous hæmorrhage. Healing per primam took place. Limbs greatly reduced in size and almost of normal appearance. On the left leg the fold of skin excised, reached from the head of the fibula to and around under the external malleolus. A second portion was excised on the external upper part of the foot. Electricity and massage (not rubbing) were employed afterwards. Patient was not allowed to get up for some time, in fact, not entirely until about four months had elapsed. Several months after her discharge her condition was excellent, the muscles of the lower extremities being strong and the power of locomotion very good. She died suddenly from a violent attack of erysipelas.—*Deutsch Med. Wochenschrift*, No. 2. Jan. 12, 1888.

C. J. COLLES. (NEW YORK).

II. On a Deformity of the Hands which Attacks Glass-Blowers. By A. PONCET (Lyons). There exists in glass blowers a professional deformity of the hands, to which attention has not hitherto been called. It is characterized by a permanént flexion of the fingers upon the hand. The little and ring fingers are more flexed than the middle and index. The thumb is free. The flexion especially affects the second phalanx, which is inclined almost at a right angle to the first phalanx. It is not due to thickening of the skin or to fibrous bands, but to contracture of the flexor tendons and especially of the flexor sublimis. This can be made out by careful examination under chloroform.

The inter-phalangeal articulations are more or less deformed with a tendency to subluxation. The fingers are inclined towards the ulnar side.

The skin on the palmar aspects, though a little thickened and callous, is not more so than may be observed in work-people of other professions.

The deformity is known among French glass blowers as *main en crochet* and *main fermée.* According to the observations of one of Poncet's internes, M. Etienne Rollet, the greater number of glass-blowers present this lesion and the longer they have worked the more marked it is found to be.

The mechanism of its production is easily understood. Glass-blowers employ a tube, 20 centimetres long and weighing two kilogrammes. to which they give a rapid movement of rotation between their closed hands. They work from eight to ten hours a day, according to Poncet, holding the tube all the time. The complaint comes on gradually and progresses. When once formed it never retrogresses.

The glass-blower's profession is extremely laborious. It is followed by young men who give it up at about the age of thirty-five years. The "main en crochet" is found only in glass-blowers, and in no other workmen, alleges Poncet; but we cannot help thinking that many laborers accustomed to grasp the handles of implements, such as pick-axes and wheelbarrows, show a tendency to the same deformity, if not marked examples of it. It is also contrary to all analogy, and scarcely credible that contracture of tendons can exist for a lifetime without nutritive shortening of ligaments and other neighboring structures supervening.

The deformity seriously compromises the usefulness of the hands. It has often been the cause of exemption from military service.

C. B. Keetley (London).

III. On Tendon-Suture and Tendon-Plastic. By A. Wölfler (Gratz). The author's method is to pass whenever practicable, the suture once or better twice transversely through each tendon stump and then tie so as to bring the ends into apposition. After referring to the various other procedures general and special that have been proposed, he gives a case in which he used a modification of Guck's plan. This latter consists in the interposition of catgut-strands where the tendon stumps can not be brought again together. His case was one of two months old injury to the extensors of the right middle and ring fingers. To find the central stumps the common carpal ligament was divided. and later brought together again. The various stumps were found attached to adjacent intact tendons; when freed the ends were eight to nine cm. apart. This distance was cov-